| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910925** | **08/23/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**FAIR HAVENS CENTER LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**201 CURTISS PARKWAY**<br>**MIAMI SPRINGS, FL 33166** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

A Financial Monitoring was conducted on 08/23/2016. Fair Havens Center Llc, Licence number 4859.